

[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change
[Plan Name and HIOS ID]

Dear [Name]:

New York State Catholic Health Plan (Fidelis Care) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

Your current monthly premium is: \$_____.

If approved, the proposed monthly premium is: \$_____.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Each year, Fidelis Care is required to review its experience and determine whether a change in premium rates is necessary. Having recently completed this evaluation, Fidelis Care is requesting DFS approval of the premium increases that appear in in this

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

notice. If approved, the increases will be added to the 2014 premium starting January 1, 2015.

Your premium increase or decrease will probably differ. Most Fidelis members receive premium subsidies from the Federal government. These subsidies depend on income and family situation as well as the premium rates for other insurers.

Fidelis Care's rate filing is driven by three primary considerations:

1. The age of the population that chose to enter the Individual market was older, and consequently more costly, than anticipated;
2. In certain regions, Fidelis will provide a broader provider network and consequently incur greater costs; and
3. The federal government will pay for a portion of the costs for very expensive "catastrophic" cases. However, the law specifies that less is to be paid in 2015 than 2014. The result is that insurers will have to pay for these additional costs.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Fidelis Care for additional information at:

Fidelis Care
95-25 Queens Boulevard
Rego Park, Queens 11374
1-888-FIDELIS
<http://www.fideliscare.org>

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is New York State Catholic Health Plan (Fidelis Care)

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2. The name of your plan, which is [Plan Name]
3. Indicate you have individual coverage
4. Your HIOS identification number, which is [HIOS ID]

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Fidelis Care website: <http://www.fideliscare.org>

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

Brian Cummings

Vice President, Member Services & Enrollment

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